

Permit Type Permit Number

Demolition Permit

Date 1/19/2018

Community Development		Phone: (573) 364-53	33 Fax: 573 426-6978						
PARCEL									
Address:	109 B RUCKER STREET	Account Number:							
Subdivision	ı:								
Block:		Lot(s):	Zoning:						
Applicant		Owners							
Name:		Name:							
Address:	ST.	Address							
	CLAIR, MO 63077	: 1	NIGUEL 92677						
Phone:	636-236-0612	Phone:							
Contractor	(s)								
Name:	CROCKER HAULING & INVESTMENTS								
Address:									
Description									
Project De Purpose:	scription: DEMO BLDG								
Fees and De	eposits	Co	ommercial Demolition: \$85 + Deposit: \$85.00						
			: \$500.00						
			Total Charged: \$585.00						
Permit Issued	by:		Preparer:						
Note: The pusage regula	roperty owner is responsible for ations, or any other requirements	complying with all ea which a current title s	asements, setbacks, covenants, restrictions, search may disclose.						
I certify that requirement		requirements of this	s permit and agree to comply with the						
Received by	·:		Date: 01/19/2018						



Permit Type Permit Number

Demolition Permit

Date 1/19/2018

Community Development		Phone: (573) 364-5333		Fax: 573 426-6978			
PARCEL							
Address:	111 RUCKER STREET	Account Number:					
Subdivision:							
Block:		Lot(s):		Zoning:			
Applicant		Owners					
Name:		Name:					
Address:	ST	Address					
	CLAIR, MO 63077	:	NIGUEL 9267	7			
Phone:	636-236-0612	Phone:					
Contractor(s	3)						
Name:	CROCKER HAULING & INVESTMENTS	Phone: 6362360612					
Address:	126 ROCKY RIVER RD ST	. CLAIR MO 63077					
Description		, , ,					
Project Des	cription: DEMO BLDG						
Purpose:							
		THE STATE OF THE S					
Fees and Dep	oosits						
		•	Commercial Den	nolition: \$85 + Deposit: \$85.00 : \$500.00			
				Total Charged: \$585.00			
Permit Issued b	py: _		Preparer:				
Note: The property owner is responsible for complying with all easements, setbacks, covenants, restrictions, usage regulations, or any other requirements which a current title search may disclose.							
I certify that I have read and understand all requirements of this permit and agree to comply with the requirements.							
Received by:		_	Date: _01/1	19/2018			



Permit Type Permit Number

Demolition Permit

Date 2/12/2018

Community Development		Phone: (573) 364-5333			Fax: 573 426-6978		
PARCEL					ı uz.	373 420-0978	
Address:	410 Highway 72 West	Account Number: 8305.00					
Subdivision:	ROLLA PARK						
Block:	0	Lot(s): 31		Zoning:	R-1	
Applicant		(Owners	***			
Name:		I	Name:	Lahontan L	LC	•	
Address: 63	St Clair,	, MO A	Address	92677-9210			
Phone: 63	36-236-0612	1	hone:				
Contractor(s)							
Name:	CROCKER HAULING & INVESTMENTS	G & Phone: 636-236-0612					
Address:		ST. CLAIR M	O 63077	,			
Description		1111					
Project Descr Purpose:	iption: Demolition Sir	ngle Family Ho	ome				
Fees and Depo	sits						
						ontractor: \$200.00 + Deposit: \$40.00	
					Total	Charged: \$240.00	
Permit Issued by:				Preparer:			
Note: The propusage regulation	erty owner is responsible f ns, or any other requiremen	for complying nts which a cu	with all	easements, set e search mav d	backs, cover	ants, restrictions,	
	have read and understand					mply with the	
Received by:	-			Date: _02	/12/2018		